



PHYSICIAN ORDER SET :  
**ANIFROLUMAB**

CDH 208-274

Page 1 of 3

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_

Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183***

**\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\***

Anifrolumab is indicated for moderate to severe SLE in adult patients when all of the following criteria are met: By signing above, there is a diagnosis of moderate to severe SLE, without severe active central nervous system lupus or severe active lupus nephritis.

### Nursing Communication

☐ **Routine. Starting when released.**

Anifrolumab is not recommended in combination with other biologic therapies. Consult ordering provider if another biologic is ordered and patient is receiving.

Interval

Every visit

Defer Until

Duration

Until discont'd

### Medications

☐ **anifrolumab-fnia (SAPHNELO) 300 mg in sodium chloride 0.9% 100 mL IVPB**

Interval

Every 4 weeks

Defer Until

Duration

Until discont'd

300 MG. Intravenous. Administer over 30 minutes. Once. Starting at treatment start time. For 1 dose. Administer using a sterile, low-protein binding 0.2 or 0.22 micron in-line filter. After infusion is completed, flush line with 25 mL of NS. PROTECT FROM LIGHT.

PHYSICIAN ORDER SET :

**ANIFROLUMAB**

CDH 208-274

Page 2 of 3

**Labs**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>CBC and Differential</b> Routine, Once, Starting once when released	Every 12 weeks		Until discount'd
<input type="checkbox"/> <b>Comprehensive Metabolic Panel (CMP)</b> Routine, Once, Starting when released	Every 12 weeks		Until discount'd
<input type="checkbox"/> <b>Complement C3</b> Routine, Once, Starting when released	Every 12 weeks		Until discount'd
<input type="checkbox"/> <b>Complement C4</b> Routine, Once, Starting when released.	Every 12 weeks		Until discount'd
<input type="checkbox"/> <b>Double-Stranded DNA Antibodies</b> Routine, Once, Starting Once, Starting when release,	Every 12 weeks		Until discount'd

**Catheter Management**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discount'd
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>heparin 100 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>heparin 1000 units/mL flush 2 mL</b> 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b> 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 20 mL</b> 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discount'd
<input type="checkbox"/> <b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discount'd

PHYSICIAN ORDER SET :  
**ANIFROLUMAB**

CDH 208-274

Page 3 of 3

**Emergency Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> <b>EPINEPHrine injection 0.3 mg</b> 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% bolus 1,000 mL</b> 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>Oxygen Therapy - Non-Rebreather</b> Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd

**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> <b>albuterol nebulizer solution 2.5 mg</b> 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b> 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>diphenhydramine (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>famotidine (PEPCID) injection 20 mg</b> 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>cetirizine (Zyrtec) tablet 10-20 mg</b> 10-20 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 90-180 mg</b> 90-180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg</b> 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>ondansetron (ZOFran) injection 4 mg</b> 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>meperidine (Demerol) injection 25 mg</b> 25 mg, Intravenous, Once as needed, rigors, Starting S, For 1 Doses	PRN		Until discont'd